

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 7 1957

19024

State File No. 19024
Registrar's No. 5087

BIRTH NO. 34588-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)
TOWN St. Louis, Mo. c. CITY OR TOWN St. Louis, Mo. d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
15 Lutheran Hospital e. STREET ADDRESS (If rural, give location)
21670 3216 S. Compton Ave. (18)

3. NAME OF DECEASED (Type or Print) a. (First) Patricia b. (Middle) Ann c. (Last) Mahfood 4. DATE OF DEATH (Month) (Day) (Year)
5-30-1957

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 5-29-1957 9. AGE (in years last birthday) 30 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Donald Mahfood 13b. MOTHER'S MAIDEN NAME Patricia Ann Carpenter 14. NAME OF HUSBAND OR WIFE Mr. Donald Mahfood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mr. Donald Mahfood

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia - 5 1/2 Mw. MEDICAL CERTIFICATION
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ruptured Membrane DUE TO (c) 761-5
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 5-29, 1957, to 5-30, 1957, that I last saw the deceased alive on 5-30, 1957, and that death occurred at 12:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Melvin A. Allen MD 23b. ADDRESS 3701 Grandel Sq. 23c. DATE SIGNED 5-31-57

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 24b. DATE MAY 31 1957 24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM. 24d. LOCATION (City, town or county) (State) ST. LOUIS, MO.

DATE REC'D BY LOCAL REG. MAY 31 '57 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] 2906 [Address]

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Thomas Cline*

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.